

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593527

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6			1			
7	1		1			
8	1		1			
9	1		1			
10			1			
11			1			
12			1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	6	←	11	←	←	←
TOTAL CLAIMS	9		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				←	←	←